



Locations:

Parramatta:

Ground Floor 50 O'Connell St

Parramatta NSW 2150

Ph: 9683 5333

Fax: 9683 5111

Fairfield Heights:

247 The Boulevard

Fairfield Heights NSW 2165

Ph: 9609 5115

Fax: 9604 2545

BOOK APPOINTMENTS ONLINE AT www.superscan.com.au

Cardiology Imaging Referral

Patient Details (Name, DOB & Address are mandatory)

D.O.B

Name

/ /

Address

Telephone

Private ☐ WComp ☐ T-P ☐

Allergies

Pregnant

Creatinine

eGFR

Health
Status

MEDICARE ITEMS MUST COMPLY WITH DESCRIPTORS FOR ELIGIBILITY. SEE REVERSE SIDE FOR DESCRIPTORS.

CT Cardiac (including Calcium Score)

57360

☐ CT Coronary Angiogram

57364

☐ CT Coronary Angiogram

☐ Non Medicare Eligible

Nuclear Medicine

☐ Myocardial Perfusion Scan (61345)

☐ Repeat Myocardial Perfusion Scan (61349)

☐ Non Medicare Eligible Procedure

Clinical Information

☐ Previous Stent ☐ Previous Bypass ☐ Previous Angiogram

Other Imaging

CT Angiogram

- ☐ Pulmonary Angiogram
- ☐ Renal Angiogram
- ☐ Thoracic Aorta
- ☐ Abdominal Aorta
- ☐ Full Aorta
- ☐ Lower Limbs
- ☐ Subclavian
- ☐ Brain

Other CT

- ☐ Calcium Score
- ☐ Chest
- ☐ Brain
- ☐ Adrenals

Nuclear Medicine

- ☐ VQ Scan
- ☐ Cardiac Amyloidosis Scan
- ☐ Gated Heart Pool Scan

MRI Cardiac

- ☐ ARVC (63395)
- ☐ 1st Degree ARVC (63397)
- ☐ mRNA COVID-19 (63399)

Other

- ☐ Ultrasound Carotid Doppler
- ☐ X-ray Chest
- ☐ Other: _____

Doctor Details

Name:

Doctor's Signature:

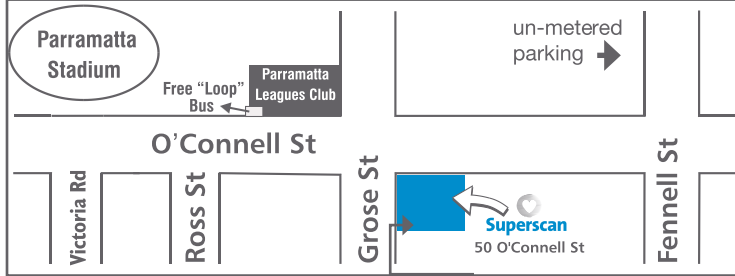
Date:

- ☐ Hard copies required
- ☐ Send more referral pads
- ☐ cc Report to: _____

See Reverse Side For Patient Preparation

Parramatta

Parking - MAP OF PRACTICE LOCATION AND PARKING



Parramatta

Ground Floor
50 O'Connell St
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Fax: 9683 5111

CT Cardiac Descriptors

57360

- ☐ Has stable or acute symptoms consistent with coronary ischaemia; and
- ☐ Is at low to intermediate risk of an acute coronary event, including having no significant cardiac biomarker elevation and no electrocardiogram changes indicating acute ischaemia

57364

At least one of the following apply to the patient:

- ☐ The patient has stable symptoms and newly recognised left ventricular systolic dysfunction of unknown aetiology;
- ☐ The patient requires exclusion of coronary artery anomaly or fistula;
- ☐ The patient will be undergoing non-coronary cardiac surgery;
- ☐ The patient meets the criteria to be eligible for a service to which item 38247, 38249 or 38252 applies, but as an alternative to selective coronary angiography will require an assessment of the patency of one or more bypass grafts

IF YOU'VE HAD PREVIOUS IMAGING ELSEWHERE, PLEASE BRING IMAGES TO YOUR APPOINTMENT

Preparation for scans

CT DUAL SOURCE

CT Coronary/Thoracic Angiogram

No food 3 hours prior to appointment time
Drink at least 1 cup of water for every hour whilst fasting
No Caffeine (Coffee, Tea, Chocolate, Energy Drinks, Coca-Cola) 24 hours prior

All other CT scans

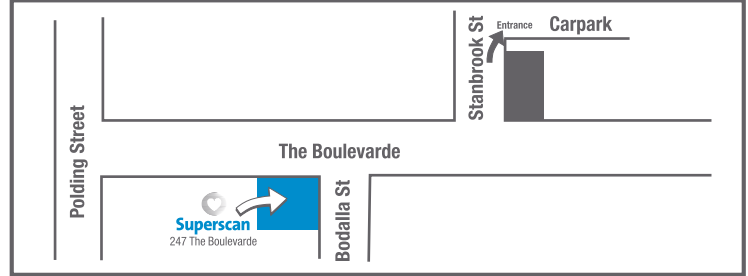
No food 3 hours prior to appointment time
Drink at least 1 cup of water for every hour whilst fasting

Please bring a list of all current medications with you

Diabetics: Please notify staff for appropriate arrangements.
Bring a light meal or snack with you to your appointment.

Fairfield Heights

Parking - MAP OF PRACTICE LOCATION AND PARKING



Fairfield Heights

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Myocardial Perfusion Scan Descriptors (61345)

The patient has symptoms of cardiac ischaemia where at least one of the following applies:

- ☐ The patient has body habitus or other physical condition/s (including heart rhythm disturbance) to the extent where a stress echocardiography would not provide adequate information; or
- ☐ The patient is unable to exercise to the extent required for a stress echocardiography to provide adequate information;
- ☐ The patient has had a failed stress echocardiography provided in a service of which item 55141, 55143, 55145 or 55146 applies

Repeat Myocardial Perfusion Scan Descriptors (61349)

- ☐ Myocardial Perfusion Scan performed in the past 24 months, the patient has subsequently undergone a revascularisation procedure: and
- ☐ The patient has one or more symptoms of cardiac ischaemia that have evolved and are not adequately controlled with optimal medical therapy: and
- ☐ At least one of the criteria from 61345 applies

*If the patient is 17 years or older - a service to which this item, or item 61365, 61410 or 61418, applies must not have been provided to the patient in the previous 12 months.

NUCLEAR MEDICINE

Myocardial Perfusion Scan

No Caffeine (Coffee, Tea, Chocolate, Energy Drinks, Coca-Cola) 24 hours prior
No Beta-Blockers 24 hours prior
Wear comfortable clothes and footwear that you are able to exercise in
No food from midnight
Drink plenty of water

Appointment durations

CT Coronary/Thoracic Angiogram - allow 2 hours
Myocardial Perfusion Scan - allow 3 hours
CT Coronary/Thoracic Angiogram + Myocardial Perfusion Scan - allow 4-5 hours
Other examinations: Please enquire with staff

Whilst you are entitled to take this request form to another imaging provider, it would be advisable to respect your Doctor's wishes and have your scan performed at Superscan. This will ensure you get scanned on new top of the line equipment and experience an outstanding service.

Appointment time: _____ Date: _____